

FILED

03 MAY -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B96000000502

1. Entity Name
THE GI NETWORK OF SOUTH FLORIDA, L.P.Principal Place of Business
20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE, TN 37215Mailing Address
20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE, TN 37215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

62-1647398

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
626 EAST PARK AVENUE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record. \$200,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

200,000.00

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006822
NAME AMSURG SOUTH FLORIDA NETWORK, INC.
STREET ADDRESS 20 BURTON HILLS BLVD., STE 350
CITY - ST - ZIP NASHVILLE, TN 37215

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

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CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of signing general partner

Signature, typed or printed name of signing general partner

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